

REHABILITATION PROGRAM DOCUMENTATION

In addition to the attached application, the Community Development Department is also required by the City of Salisbury to obtain the following documentation from each applicant:

- 1. Last 2 check stubs of anyone living in your home that is employed.
- 2. Proof of any supplemental income such as child support, retirement, rent income, etc.
- 3. Last year's 1040 tax forms, if required to file.
- 4. Last 2 checking/savings account statements.
- 5. Current mortgage statement.
- 6. Current utility bill.
- 7. Homeowner's insurance policy.
- 8. General Warranty Deed (we will obtain this in the office).

Once you've gathered all the above documents and completed the application please call Nicki Brown at 704-216-2738 to schedule an appointment.

NOTE: It should be noted that eligibility does not necessarily ensure the receipt of financial assistance.

To be eligible for housing improvement assistance, an applicant must:

- 1. Be the owner of the property to be assisted;
- 2. Be below 120% of area median family income provided by HUD.

The City of Salisbury places a 5-year lien on the property in the form of a first or second lien – secured by a Deed of Trust and Promissory Note.



Administered by Salisbury Community Development Corporation on behalf of the City of Salisbury, NC

CITY OF SALISBURY COMMUNITY DEVELOPMENT

APPLICATION

CASE NO.			Typ	e of Assista	nce: Deferred loan
**************************************	**************************************	*****	*****	*****	*******
Roofing Porch repair Foundation repair Other:	Wood/Siding Repair Landscaping	S	teps/decks Re	epair	
**************************************	******		********** Spouse/Otl		*******
Name:			Name:		
Present Address:		<u> </u>	Present Ado	dress:	
City:					
State, Zip Code:					
Telephone No:			Telephone 1	No:	
Date of Birth:			Date of Bir	th:	
Age: Sex:					Race:
Social Security No:			Social Secu	ırity No:	
Name and Address o	f Employer:	; 	Name and	Address of 1	Employer:
Years Employed:			Years Emp	loyed:	
Total # of persons livi	ng in the household:				
Have you ever applie program?		ance from	the City of	of Salisbury	or any HUD funded
Has dwelling been pro	eviously improved by	y use of a	Federal Gr	ant and/or a	Federally subsidized
loan for housing impre	ovements?		Date	e	
*****	******	****	*****	*****	******

PROPERTY INFORMATION

Home Owners Insurance: Yes No	Insurance Company			
Is This Your Primary Residence?	Permanent Foundation?			
Owner Occupied?				
Address of Owner (if different from above)				
Heir to Property?	Name of Heir			
Address of Heir				
Date/Ownership?	Date/Occupancy?			
Year Built No. Rooms	No. Bedrooms No. Baths			
Family Room/Den Living Area	SF Garage/Carport AC			
Other Real Estate	Value \$			
Is there an existing mortgage on the property	?			
Original Mortgage Amount \$	Unpaid balance \$			
Name and Address of Mortgagee/Lender				
Have you ever been obligated on a home loadeed in lieu of foreclosure, or judgement? If yes, Property Address and Name of Lende	r:			
Do you own any other real estate? Yes	No If yes provide address(es)			

INCOME INFORMATION

The 24 CFR Part 5 definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period.

	Head of	Spouse or	Other		
	Household	<u>Other</u>	Income	-	
Job #1				_	
Job #2				_	
Social Security				_	
Retirement				_	
Public Assistance				-	
V. A.				_	
Rent Income				_	
Interest/Investment					
Income				_	
Other				<u>-</u>	
TOTALS				<u>-</u>	
TOTAL ALL PERS	ONS IN HOUSEH	OLD \$		<u>-</u>	
*******	******	******	******	*****	
Dependents: (If ove	er eighteen, please	explain dependency)			
Name:		Name:			
Relationship:		Relationship	:		
Age: SS#_		Age:	SS#		
Name:		Name:			
Relationship:		Relationship	:		
Age: SS#_		Age:	SS#		
*******	*******	*******	******	******	
Other Income Prod	lucing Household	Members:			
Name:		SS No			
Name:					
		******	******	******	
Nearest relative not		.			
Name:			Relationship:		
Address:		Telephon	ne:		
أه ماله ماله ماله ملو	ماه	عاد عاد عاد عاد عاد عله	راه ماه ماه ماه مله بلو	علم علم علم على مله على على مله على على على على على على على على على	

CITY OF SALISBURY COMMUNITY DEVELOPMENT

Authorization Form

I hereby grant permission and authorize any bank, credit union, saving and loan association, insurance company, real estate company, United States Postal Savings, or financial institution to disclose to the City of Salisbury full and complete information regarding my past, present, or potential situation. This includes property ownership and rentals, bank and/or savings accounts, cash value of life insurance policies, stocks and bonds, and any other savings.

I also grant permission to authorize any employer, Rowan County Department of Social Services, Social Security Administration, Veteran's Administration, Railroad Retirements, or any other person to disclose full and complete information regarding my past, present, and potential financial situation. This would include wages, support payments, contributions, and all other income.

I also grant permission for the City of Salisbury to investigate any situation or contact any person at any time to verify necessary information as long as I am receiving assistance. This would include baby-sitter, person providing transportation, schools, relatives, neighbors, natural father or mother, retail stores, landlord, utility company, and/or fuel company.

I also grant permission for the City of Salisbury to obtain any needed medical information that is pertinent to my case.

It is understood that this information is confidential and will be used solely for the purpose of determining/redetermining my eligibility for assistance.

It should be noted that, according to the law, "Any person who willfully and knowingly, with the intent to deceive, makes a false statement or representation or fails to disclose a material fact in order to enable himself or another person to obtain or to continue to receive assistance to which he is not entitled, is guilt of a misdemeanor and upon conviction or plea of guilty shall be fined or imprisoned or both at the discretion of the court."

This form has been read and explained to me and I fully understand its meaning.

WITNESSES:	Signature
	Signature
	Date

CITY OF SALISBURY COMMUNITY DEVELOPMENT

PERSONAL INFORMATION RELEASE AUTHORIZATION

To Whom It May Concern:	
I/We hereby authorize the release of any personal and financial information requested, including:	
Employment and income records	
Checking account & savings deposit records and balances	
Mortgage loan balance and payment history	
Consumer credit balances and payment records	
A photographic copy of this authorization may be deemed to be the equivalent of the original and may be as a duplicate original.	ısed
Acknowledgments	
1) I acknowledge applying for rehabilitation assistance through Salisbury Community Development Corporation or submission of an application <u>does not</u> guarantee approval for assistance.	
2) I acknowledge if approved for rehabilitation there will be a 5-year forgivable lien placed on the property.	
3) I acknowledge that I have received a copy of Salisbury Community Development Corporation's Priva Policy.	асу
Date	
Signature	
Date	
Signature	



Salisbury Community Development Corporation

Privacy Statement

We recognize and respect the privacy expectations of today's consumers and the requirements of applicable federal and state privacy laws. We believe that making you aware of how we use your non-public personal information ("Personal Information"), and to whom it is disclosed, will form the basis for a relationship of trust between us and the public that we serve. This Privacy Statement provides that explanation. We reserve the right to change this Privacy Statement from time to time consistent with applicable privacy laws.

In the course of our business, we may collect Personal Information about you from the following sources:

- From applications or other forms we receive from you or your authorized representative;
- From your transactions with, or from the services being performed by, us, our affiliates, or others;
- From our internet web sites;
- From the public records maintained by governmental entities that we either obtain directly from those entities, or from our affiliates or others; and
- From consumer or other reporting agencies.

Our Policies Regarding the Protection of the Confidentiality and Security of Your Personal Information

We maintain physical, electronic and procedural safeguards to protect your Personal Information from unauthorized access or intrusion. We limit access to the Personal Information only to those employees who need such access in connection with providing products or services to you or for other legitimate business purposes.

Our Policies and Practices Regarding the Sharing of Your Personal Information

We may share your Personal Information with our affiliates, such as insurance companies, agents, and other real estate settlement service providers. We also may disclose your Personal Information:

- to agents, brokers or representatives to provide you with services you have requested;
- to third-party contractors, mortgage lenders, insurance agents, or service providers who provide services on our behalf;
 and
- to others who provide products or services that we believe you may find of interest.

In addition, we will disclose your Personal Information when you direct or give us permission, when we are required by law to do so, or when we suspect fraudulent or criminal activities. We also may disclose your Personal Information when otherwise permitted by applicable privacy laws such as, for example, when disclosure is needed to enforce our rights arising out of any agreement, transaction or relationship with you.

One of the important responsibilities of some of our affiliated companies is to record documents in the public domain. Such documents may contain your Personal Information.

This page is for your records